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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/656,034	09/05/2003	James Hunter Boone	TLAB.100294	8482
	90 01/26/2007 Y & BACON LLP	EXAMINER		
INTELLECTUAL PROPERTY DEPARTMENT 2555 GRAND BLVD KANSAS CITY, MO 64108-2613			VENCI, DAVID J	
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SHORTENED STATUTORY	PERIOD OF RESPONSE	MAIL DATE	DELIVERY MODE	
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Please find below and/or attached an Office communication concerning this application or proceeding.

If NO period for reply is specified above, the maximum statutory period will apply and will expire 6 MONTHS from the mailing date of this communication.

	Application No.	Applicant(s)				
	10/656,034	BOONE ET AL.				
Office Action Summary	Examiner	Art Unit				
·	David J. Venci	1641 .				
The MAILING DATE of this communication appears on the cover sheet with the correspondence address Period for Reply						
A SHORTENED STATUTORY PERIOD FOR REPLY WHICHEVER IS LONGER, FROM THE MAILING DA - Extensions of time may be available under the provisions of 37 CFR 1.13 after SIX (6) MONTHS from the mailing date of this communication. - If NO period for reply is specified above, the maximum statutory period w - Failure to reply within the set or extended period for reply will, by statute, Any reply received by the Office later than three months after the mailing earned patent term adjustment. See 37 CFR 1.704(b).	ATE OF THIS COMMUNICATION 16(a). In no event, however, may a reply be tim ill apply and will expire SIX (6) MONTHS from cause the application to become ABANDONE	the mailing date of this communication. D (35 U.S.C. § 133).				
Status	•					
1) Responsive to communication(s) filed on Nove	<u>mber 9, 2006</u> .	•				
2a) ☐ This action is FINAL . 2b) ☐ This	This action is FINAL . 2b) This action is non-final.					
	,					
closed in accordance with the practice under Ex parte Quayle, 1935 C.D. 11, 453 O.G. 213.						
Disposition of Claims						
 4) Claim(s) 1-5,7-14,17-19 and 21-24 is/are pending in the application. 4a) Of the above claim(s) 4,5 and 19 is/are withdrawn from consideration. 5) Claim(s) is/are allowed. 6) Claim(s) 1-3,7-14,17,18 and 21-24 is/are rejected. 7) Claim(s) is/are objected to. 8) Claim(s) 1-5,7-14,17-19 and 21-24 are subject to restriction and/or election requirement. 						
Application Papers						
9) The specification is objected to by the Examiner 10) The drawing(s) filed on is/are: a) access applicant may not request that any objection to the confidence of the	epted or b) objected to by the E frawing(s) be held in abeyance. See on is required if the drawing(s) is obj	e 37 CFR 1.85(a). ected to. See 37 CFR 1.121(d).				
Priority under 35 U.S.C. § 119						
12) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f). a) All b) Some * c) None of: 1. Certified copies of the priority documents have been received. 2. Certified copies of the priority documents have been received in Application No. 3. Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)). * See the attached detailed Office action for a list of the certified copies not received.						
Attachment(s)						
1) Notice of References Cited (PTO-892) 2) Notice of Draftsperson's Patent Drawing Review (PTO-948) 3) Information Disclosure Statement(s) (PTO/SB/08) Paper No(s)/Mail Date	4) Interview Summary Paper No(s)/Mail Da 5) Notice of Informal Pa	te				

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DETAILED ACTION

Examiner acknowledges Applicants' reply, filed November 9, 2006, which amended claims 1-3, 11, 12, 17

and 18, and cancelled claim 6 and 20.

Claims 4-5 and 19 remain withdrawn from further consideration pursuant to 37 CFR 1 .142(b) as being

drawn to nonelected species.

Currently, claims 1-3, 7-14, 17, 18 and 21-24 are under examination.

Specification

The disclosure is objected to because of the following informalities:

The information presented in Table 1 does not correspond to information presented in Table 2.

Specifically, Table 1 references 203 105 patients (i.e., 98 IBD patients (i.e., 47 patients with

Crohn's disease + 51 patients with ulcerative colitis) + 7 patients with irritable bowel syndrome)

and 11 healthy persons, while Table 2 references 32 patients (*i.e.*, 21 ANCA + UC, 4 ANCA +CD, and 7 IBS) and 11 healthy persons. The disappearance of 474 73 patients from Table 2 is not

clear.

The information presented in Table 2 does not correspond to information presented in Table 3.

Specifically, Table 2 references a total of 43 persons (i.e., 32 patients + 11 healthy persons),

while Table 3 references a total of 116 persons (i.e., Total Assessments N = 116). The addition

of 73 persons into Table 3 is not clear.

Appropriate correction is required.

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Claim Rejections - 35 USC § 112 – second paragraph

The following is a quotation of the second paragraph of 35 U.S.C. 112:

The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

Claims 3, 11-14 and 18 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for

failing to particularly point out and distinctly claim the subject matter which applicant regards as the

invention.

In claims 3 and 18, the infinitive "to differentiate" is indefinite. Whether the act or process of

"differentiating" is completed, performed, or merely intended is not clear. The identity of object(s) and/or

step(s), if any, required for performing "differentiating" is not clear.

In claim 11, the preamble phrase "diagnostic assay for determining the optical density of the readable

sample" is indefinite. Whether/how "diagnosing" optical density is performed is not clear.

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Claim Rejections - 35 USC § 101

35 U.S.C. 101 reads as follows:

Whoever invents or discovers any new and useful process, machine, manufacture, or composition of matter, or any new and useful improvement thereof, may obtain a patent therefor, subject to the conditions and

requirements of this title.

Claims 1-3, 7-14, 17, 18 and 21-24 are rejected under 35 U.S.C. 101 because the claimed invention lacks

credible utility.

Independent claim 1 recites a method for "testing a fecal sample" for anti-neutrophil cytoplasmic

antibodies (hereinafter "ANCA"). Independent claim 11 recites a "diagnositic assay for ulcerative colitis".

Independent claim 17 recites a method for "screening for ulcerative colitis".

Applicants' specification posits that testing fecal samples for ANCA is specifically useful for "an indicator

of ulcerative colitis", "differentiating between ulcerative colitis and Crohn's disease (see Specification,

paragraph [0014], first sentence), and "differentially diagnosing ulcerative colitis from... Irritable Bowel

Syndrome" (see Specification, paragraph [0009]).

Applicants' assertion of utility is based on data obtained from a clinical study involving patients presenting

with "Crohn's Disease" and "ulcerative colitis" and/or "irritable bowel syndrome" (see Specification.

paragraph [0017] et seq.). In the clinical study, Applicants used standard immunoassay techniques to

determine whether fecal samples from patients possessed ANCA.

According to M.P.E.P. 2107.02, Office determination of the credibility of Applicants' assertion of utility is

based on whether the facts upon which Applicants' assertion is based are inconsistent with the logic

¹ Crohn's Disease and ulcerative colitis belong to a disease class called Inflammatory Bowel Diseases (IBD). See MeSH Database, Inflammatory Bowel Diseases, available at http://www.ncbi.nlm.gov>.

Applicants' specification does not disclose what standard, if any, Applicants used to identify and include a patient as having "irritable bowel syndrome" into the clinical study.

underlying Applicants' assertion. In other words, credibility refers to the reliability of Applicants' assertion of utility in view of the logic and facts that Applicants offer to support Applicants' assertion of utility.

Here, Applicants' assertion of specific utility is not credible because, according to Table 4 of Applicant's specification, only 41% of patients presenting with ulcerative colitis possessed ANCA (i.e., ANCA is a useful indicator of ulcerative colitis in only 41% of patients). Therefore, based on the data in Table 4, it appears that ANCA is not specifically useful as "an indicator of ulcerative colitis". Necessarily, ANCA is not specifically useful for "differentiating between ulcerative colitis and Crohn's disease or "differentially diagnosing ulcerative colitis from... Irritable Bowel Syndrome".

Claim Rejections - 35 USC § 112 – first paragraph

The following is a quotation of the first paragraph of 35 U.S.C. 112:

The specification shall contain a written description of the invention, and of the manner and process of making and using it, in such full, clear, concise, and exact terms as to enable any person skilled in the art to which it pertains, or with which it is most nearly connected, to make and use the same and shall set forth the best mode contemplated by the inventor of carrying out his invention.

Claims 1-3, 7-14, 17, 18 and 21-24 are also rejected under 35 U.S.C. 112, first paragraph. Specifically, since the claimed invention is not supported by a credibly-asserted utility for the reasons set forth above, one skilled in the art clearly would not know how to use the claimed invention.

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Response to Arguments

Specification

In prior Office Action, Examiner objected to the disclosure because:

1. The information presented in Table 1 did not correspond to information presented in Table 3.

Specifically, Table 1 references a total of 214 persons (i.e., 203 patients + 11 healthy persons),

while Table 3 references a total of 116 persons (i.e., Total Assessments N = 116). The

disappearance of 98 persons from Table 3 was considered unclear.

2. In Table 3, the value for Total Assessments N = 116 did not correspond to the number of persons

listed in Table 3 (i.e., 98 IBD patients + 47 patients with Crohn's disease + 51 patients with

ulcerative colitis + 7 patients with irritable bowel syndrome + 11 healthy persons).

In response, Applicants disclose that IBD patients are "broken down" into CD patient and UC patients

(see Applicants' reply, paragraph bridging pp. 7-8, fifth sentence, "the 98 IBD patients were further broken

down into 47 CD patients and 51 UC patients").

Insofar as Applicants' disclosure is in accordance with art-recognized disease classifications³, these

objections are withdrawn.

In prior Office Action, Examiner objected to the disclosure because:

1. The information presented in Table 1 does not correspond to information presented in Table 2.

Specifically, Table 1 references 203 105 patients (i.e., 98 IBD patients (i.e., 47 patients with

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Crohn's disease + 51 patients with ulcerative colitis) + 7 patients with irritable bowel syndrome)

and 11 healthy persons, while Table 2 references 32 patients (i.e., 21 ANCA + UC, 4 ANCA +CD,

and 7 IBS) and 11 healthy persons. The disappearance of 471 73 patients from Table 2 is not

clear.

2. The information presented in Table 2 does not correspond to information presented in Table 3.

Specifically, Table 2 references a total of 43 persons (i.e., 32 patients + 11 healthy persons),

while Table 3 references a total of 116 persons (i.e., Total Assessments N = 116). The addition

of 73 persons into Table 3 is not clear.

In response, Applicants clarify that Table 2 discloses "all 7 IBS patients tested" (see Applicants' reply,

paragraph bridging pp. 7-8, eleventh sentence).

Applicants' clarification is not sufficient to overcome these objections because Table 2 merely discloses a

"Number" associated with "IBS", and does not disclose "all 7 IBS patients tested".

Claim Rejections - 35 USC § 101

In prior Office Action, claims 1-3, 6-14, 17, 18 and 20-24 were rejected under 35 U.S.C. 101 because the

claimed invention lacks credible utility. Specifically, Applicants' assertion of specific utility is not credible

because, according to Table 4 of Applicant's specification, only 41% of patients presenting with ulcerative

colitis possessed ANCA (i.e., ANCA is a useful indicator of ulcerative colitis in only 41% of patients).

Therefore, based on the data in Table 4, it appears that ANCA is not specifically useful as "an indicator of

ulcerative colitis". Necessarily, ANCA is not specifically useful for "differentiating between ulcerative

colitis and Crohn's disease or "differentially diagnosing ulcerative colitis from... Irritable Bowel Syndrome".

In response, Applicants argue:

³ See *supra*, note 1.

1. despite the mere 41% sensitivity of Applicants' test, Applicants' test is "92% accurate in

diagnosing UC (Specificity)" (see Applicants' reply, paragraph bridging pp. 10-11, third sentence).

2. "Only a small fraction of those who test positive for ANCA had another condition or were healthy

(8%)") (see Applicants' reply, p. 11, first full paragraph, first sentence).

3. "As such, an elevated level of ANCA can be used to provide a diagnosis of UC in those patients

who have an elevated level. As such, when utilized by clinician the method and assay of the

present invention, clearly aids a clinician in diagnosing UC rather than diagnosing IBS or CD as

very few patients with CD and IBS test positive for ANCA" (see Applicants' reply, p. 11, first full

paragraph, second sentence).

Applicants' argument has been carefully considered but is not persuasive.

With respect to 1), Applicants' statement is essentially false because Applicants' test is not 92% accurate

in diagnosing UC (Inaccuracy). Although Applicants' specification discloses a method having 92%

specificity, Examiner posits that, in the instant application, this statistic may be statistically insignificant

due to the existence of selection bias (i.e., bias that arises when individuals included in a study are not

representative of the target population for the study). 4.5

With respect to 2), Examiner does not understand the parenthetical "8%", why said parenthetical "8%" is

placed in parenthesis, how said parenthetical "8%" departs or digresses from the information presented in

the rest of the sentence, or how Applicants derived said "8%" value. Clarification is necessary.

⁴ According to Table 3, the sampled population has a seemingly exaggerated UC prevalence of 82% (i.e., [51 UC patients] divided

by [51 UC patients + 11 healthy controls]).

⁵ See also, Armitage & Colton, Encyclopedia of Biostatistics, John Wiley & Sons (1998). According to Armitage & Colton, coverage error (i.e., the difference between statistics based on the population defined by the sampling frame and statistics based on the target population) occurs when there is a lack of correspondence between the frame population and the target population.

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With respect to 3), see supra, Claim Rejections - 35 USC § 101.

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Conclusion

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No claims are allowed at this time.

THIS ACTION IS MADE FINAL. Applicant is reminded of the extension of time policy as set forth in 37

CFR 1.136(a). A shortened statutory period for reply to this final action is set to expire THREE MONTHS

from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing

date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH

shortened statutory period, then the shortened statutory period will expire on the date the advisory action

is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of

the advisory action. In no event, however, will the statutory period for reply expire later than SIX

MONTHS from the mailing date of this final action.

Any inquiry concerning this communication or earlier communications from the examiner should be

directed to David J. Venci whose telephone number is 571-272-2879. The examiner can normally be

reached on 08:00 - 16:30 (EST). If attempts to reach the examiner by telephone are unsuccessful, the

examiner's supervisor, Long Le can be reached on 571-272-0823. The fax phone number for the

organization where this application or proceeding is assigned is 571-273-8300.

David J Venci Examiner

Art Unit 1641

djv

LONG V. LE '//Y/
SUPERVISORY PATENT EXAMINER

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